

Attorney Docket No: ATTE-005/00US

PATENT

Mail Stop Patent Application

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450



UTILITY PATENT APPLICATION TRANSMITTAL

Transmitted herewith for filing is a U.S. Non-Provisional Utility Patent Application entitled:

**PEPTIDES WHICH TARGET TUMOR AND ENDOTHELIAL CELLS,
COMPOSITIONS AND USES THEREOF**

naming as inventors:

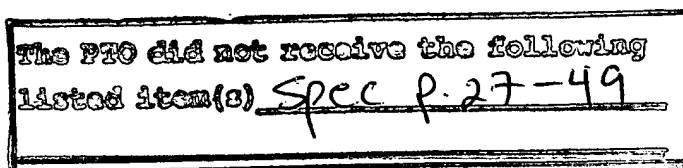
Amy L. Allan
Won Hyung Yoon
Patricia L. Gladstone
Robert J. Ternansky
Graham Parry
Fernando Donate
Andrew Mazar

and including:

- ☒ (99) pages of description (before the claims);
- ☒ (17) pages of claims ((74) total claims; (4) independent claims);
- ☒ One (1) Sheet of Abstract;
- ☐ (0) sheets of drawing(s) including Figures ____.

1. Also enclosed are:

- ☒ unexecuted Declaration
- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- ☐ Nucleotide and/or Amino Acid Sequence Submission



- ☐ Computer Readable Form (CRF) on 3 1/2" floppy disk
☐ Specification Sequence Listing on:
 ☐ CD-ROM or CD-R (2 copies); or
 ☐ paper
☐ The content of the copy in computer readable form is identical to the content of the paper, CD-ROM, or CD-R copy of the Sequence Listing.
☐ Nonpublication Request and Certification
☐ Check No. 19948 in the amount of \$914.00 for the total fee as calculated below
☒ Return receipt postcard
☐ Other:

2. The filing fee has been calculated as follows ☐ and in accordance with the enclosed preliminary amendment:

	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEE
Basic Application Fee					\$770.00
Total Claims	74	- 20 =	54	x \$18.00	\$972.00
Independent Claims	4	- 3 =	1	x \$86.00	\$86.00
If multiple dependent claims are presented, add \$290.00					\$0.00
Total Application Fee					\$1,828.00
If an Assertion of Entitlement to Small Entity Status is enclosed, subtract 50% of Total Application Fee					\$914.00
Other fees: (specify)					0.00
TOTAL FEE DUE					\$914.00

- ☐ This application is being filed without a filing fee. Issuance of a Notice to File Missing Parts of Application is respectfully requested.
☒ A check for the total fee is attached.
☐ Please charge \$__ to Deposit Account No. (PA) 03-3117 for the total fee. This paper is being submitted in duplicate.

[X] The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. (PA) 03-3117.

3. Please direct all correspondence concerning this application to:

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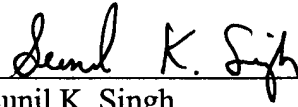
CUSTOMER NUMBER: (PA) **23419**

Dated: November 25, 2003

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Respectfully submitted,
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By:


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